

SERFF Tracking Number:	NWPA-127834967	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	50361
Company Tracking Number:	COLI-3001-F-US4, ET AL. COLI APPLICATION REVISIONS - NWL		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Application Revisions - NWL		
Project Name/Number:	COLI Application Revisions - NWL/COLI Application Revisions - NWL		

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: COLI Application Revisions - NWL  
 SERFF Tr Num: NWPA-127834967 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed  
 State Tr Num: 50361

Sub-TOI: L08.000 Life - Other

Co Tr Num: COLI-3001-F-US4, ET AL. COLI APPLICATION REVISIONS - NWL  
 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Disposition Date: 12/05/2011  
 Authors: Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler

Date Submitted: 11/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: COLI Application Revisions - NWL  
 Project Number: COLI Application Revisions - NWL  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Created By: Carrie Ruhlen

Deemer Date:

Submitted By: Carrie Ruhlen

Corresponding Filing Tracking Number: COLI-3001-F-US4, et al. COLI Application Revisions - NWL

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**Filing Description:**

Re: COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance  
COLI-3002-E-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary  
COLI-3006-P, Variable Life Fund Supplement  
COLI-3011-W, Variable Life Fund Supplement  
COLI-3012-E-US4, Corporate Enrollment Form -- Consent to Insurance  
COLI-3035-B, Insurance Schedule For Corporate Master Application  
COLI-3037-B, Insurance Schedule For Corporate Master Application  
COLI-4011-A, Insurance Schedule For Corporate Master Application  
NAIC #66869

Enclosed for filing, subject to your approval, are forms COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance, COLI-3002-E-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary, COLI-3006-P, Variable Life Fund Supplement, COLI-3011-W, Variable Life Fund Supplement, COLI-3012-E-US4, Corporate Enrollment Form -- Consent to Insurance, COLI-3035-B, Insurance Schedule For Corporate Master Application, COLI-3037-B, Insurance Schedule For Corporate Master Application, and COLI-4011-A, Insurance Schedule For Corporate Master Application.

**Revised Forms Approval Dates:**

COLI-3001-E-US4 was approved 05/21/2010 via SERFF #NWPA-126637027, State Tracking #45734  
COLI-3002-D-US4 was approved 01/13/2010 via SERFF #NWPA-126449866, State Tracking #44534  
COLI-3006-N was approved 01/13/2010 via SERFF #NWPA-126449866, State Tracking #44534  
COLI-3011-V was approved 01/13/2010 via SERFF #NWPA-126449866, State Tracking #44534  
COLI-3012-D-AR was approved 01/13/2010 via SERFF #NWPA-126449866, State Tracking #44534  
COLI-3035-A was approved 11/17/2010 via SERFF #NWPA-126896898, State Tracking #47309  
COLI-3037-A was approved 10/15/2009 via SERFF #NWPA-126337763, State Tracking #43779  
COLI-4011 was approved 04/22/2010 via SERFF #NWPA-126592544, State Tracking #45481

**The following revisions were made:**

COLI-3001-F-US4, COLI-3002-E-US4, COLI-3035-B, COLI-3037-B and COLI-4011-A:

1. Bracketed the address.
2. Changed name of Department from Corporate Insurance Markets to Nationwide Business Solutions Group.

COLI-3006-P:

1. Bracketed the address.
2. Changed name of Department from Corporate Insurance Markets to Nationwide Business Solutions Group.

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3. Added words Phone and Fax in front of the phone numbers at the top of the application.

COLI-3011-W:

1. Bracketed the address.
2. Changed name of Department from Corporate Insurance Markets to Nationwide Business Solutions Group.
3. Added words Phone and Fax in front of the phone numbers at the top of the application.

COLI-3012-E-US4:

1. Bracketed Nationwide's address and phone number and the MIB address and phone number.
2. Changed name of Department from Corporate Insurance Markets to Nationwide Business Solutions Group.
3. In Section 3, updated the I authorize paragraph to be HIPAA Compliant.
4. Replaced all Medical Information Bureau and Bureau wording with MIB, Inc.

Forms COLI-3001-F-US4, COLI-3002-E-US4, and COLI-3012-E-US4, have been written in a readable fashion and attain Flesch scores of 55.1, 55.1, and 46.2; respectively. Forms COLI-3006-P, COLI-3011-W, COLI-3035-B, COLI-3037-B and COLI-4011-A are exempt from scoring.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Enclosures:

1. Certification
2. COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance
3. COLI-3002-E-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary
4. COLI-3006-P, Variable Life Fund Supplement
5. COLI-3011-W, Variable Life Fund Supplement
6. COLI-3012-E-US4, Corporate Enrollment Form -- Consent to Insurance
7. COLI-3035-B, Insurance Schedule For Corporate Master Application
8. COLI-3037-B, Insurance Schedule For Corporate Master Application
9. COLI-4011-A, Insurance Schedule For Corporate Master Application

## Company and Contact

### Filing Contact Information

Carrie Ruhlen, Compliance Specialist  
One Nationwide Plaza  
1-33-102  
Columbus, OH 43215

ruhlenc@nationwide.com  
614-249-8042 [Phone]  
614-249-1199 [FAX]

### Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio

SERFF Tracking Number: NWPA-127834967 State: Arkansas  
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One Nationwide Plaza Group Code: 140 Company Type:  
1-10-03 Group Name: State ID Number:  
Columbus, OH 43215 FEIN Number: 31-4156830  
(800) 882-2822 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$400.00  
Retaliatory? Yes  
Fee Explanation: \$50.00 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$400.00	11/30/2011	54135442

SERFF Tracking Number:	NWPA-127834967	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/05/2011	12/05/2011

<i>SERFF Tracking Number:</i>	<i>NWPA-127834967</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>COLI-3001-F-US4, ET AL. COLI APPLICATION REVISIONS - NWL</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>COLI Application Revisions - NWL</i>		
<i>Project Name/Number:</i>	<i>COLI Application Revisions - NWL/COLI Application Revisions - NWL</i>		

## Disposition

Disposition Date: 12/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: COLI Application Revisions - NWL

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Corporate Enrollment Form For Consent to Insurance		Yes
Form	Corporate Enrollment Form For Consent to Insurance With Beneficiary		Yes
Form	Variable Life Fund Supplement		Yes
Form	Variable Life Fund Supplement		Yes
Form	Corporate Enrollment Form -- Consent to Insurance		Yes
Form	Insurance Schedule For Corporate Master Application		Yes
Form	Insurance Schedule For Corporate Master Application		Yes
Form	Insurance Schedule For Corporate Master Application		Yes

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## Form Schedule

### Lead Form Number: COLI-3001-F-US4

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	COLI-3001-F-US4	Application/ Enrollment Form	Corporate Enrollment Form For Consent to Insurance	Revised	Replaced Form #: COLI-3001-E-US4 Previous Filing #: 45734	55.100	COLI-3001-F-US4 JD.pdf
	COLI-3002-E-US4	Application/ Enrollment Form	Corporate Enrollment Form For Consent to Insurance With Beneficiary	Revised	Replaced Form #: COLI-3002-D-US4 Previous Filing #: 44534	55.100	COLI-3002-E-US4 JD.pdf
	COLI-3006-P	Application/ Enrollment Form	Variable Life Fund Supplement	Revised	Replaced Form #: COLI-3006-N Previous Filing #: 44534	0.000	COLI-3006-P-JD.pdf
	COLI-3011-W	Application/ Enrollment Form	Variable Life Fund Supplement	Revised	Replaced Form #: COLI-3011-V Previous Filing #: 44534	0.000	COLI-3011-W-JD.pdf
	COLI-3012-E-US4	Application/ Enrollment Form	Corporate Enrollment Form -- Consent to Insurance	Revised	Replaced Form #: COLI-3012-D-AR Previous Filing #: 44534	46.200	COLI-3012-E-US4 JD.pdf
	COLI-3035-B	Application/ Enrollment Form	Insurance Schedule For Corporate Master Application	Revised	Replaced Form #: COLI-3035-A Previous Filing #: 47309	0.000	COLI-3035-B JD.pdf
	COLI-3037-B	Application/ Enrollment Form	Insurance Schedule For Corporate Master Application	Revised	Replaced Form #: COLI-3037-A Previous Filing #: 43779	0.000	COLI-3037-B JD.pdf
	COLI-4011-A	Application/ Insurance Schedule		Revised	Replaced Form #:	0.000	COLI-4011-A



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TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	COLI Application Revisions - NWL		
Project Name/Number:	COLI Application Revisions - NWL/COLI Application Revisions - NWL		
A	Enrollment For Corporate Master Form Application	COLI-4011	JD.pdf
		Previous Filing #:	
		45481	



## CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

☐ Nationwide Life Insurance Company • ☐ Nationwide Life and Annuity Insurance Company  
[Nationwide Business Solutions Group, 1-11-401 • One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

### Section 1 PROPOSED INSURED INFORMATION

Employer: Any Corporation

Proposed Insured: John Doe Date of Birth: 02/07/65  
Print Name MM/DD/YYYY

Sex: ☒ M ☐ F Social Security No: 000-00-0000 Most Recent Date of Hire: 07/01/1985  
MM/DD/YYYY

Job Title: Vice President, Advertising How long have you worked in your present position? 12 years

Work Address (include zip code): One Corporation Way, Any City, Any State, 12345

### Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$\_\_\_\_\_. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

### Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.).....                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.).....       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.).....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Details to questions A1 - 3 and B: \_\_\_\_\_

**CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy.** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

John Doe

Signature of Proposed Insured

January 3, 2009

Date



## CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

**Nationwide Life Insurance Company** • Nationwide Business Solutions Group, 1-11-401  
• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

### Section 1 PROPOSED INSURED INFORMATION

Employer: Any Corporation

Proposed Insured: John Doe Date of Birth: 02/07/65  
Print Name MM/DD/YYYY

Sex: ☒ M ☐ F Social Security No: 000-00-0000 Most Recent Date of Hire: 07/01/1985  
MM/DD/YYYY

Job Title: Vice President, Advertising How long have you worked in your present position? 12 years

Work Address (include zip code): One Corporation Way, Any City, Any State, 12345

### Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$\_\_\_\_\_. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

### Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.).....                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.).....       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.).....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- Details to questions A1 - 3 and B: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Section 3 QUESTIONS ABOUT THE PROPOSED INSURED (Continued)**

C. In accordance with the Plan, I am entitled to a specified death benefit for this insurance.

I direct my Beneficiary to be:

<u>Full name of Beneficiary</u>	<u>%</u>	<u>Date of Birth</u>	<u>Relationship to Insured</u>	<u>Social Security No.</u>
Primary:				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____
Secondary: (will be Beneficiary if Primary Beneficiary dies before Primary Insured)				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____

**CAUTION:** If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*John Doe*

\_\_\_\_\_  
Signature of Proposed Insured

January 3, 2009

\_\_\_\_\_  
Date



# VARIABLE LIFE FUND SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

**Nationwide Life Insurance Company** • Nationwide Business Solutions Group, 1-11-401  
• One Nationwide Plaza, Columbus, Ohio 43215-2220 • Phone: 1-877-351-8808 • Fax: 1-855-677-2357]

## Section 1 CORPORATION

Corporation Name: Any Corporation

## Section 2 OWNER

Owner Name: John Doe

## Section 3 IMPORTANT NOTICE

I UNDERSTAND THAT THE DEATH BENEFIT UNDER A VARIABLE LIFE INSURANCE POLICY MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT RETURN OF THE SUB-ACCOUNT(S) I SELECT. REGARDLESS OF INVESTMENT RETURN, THE DEATH BENEFIT CAN NEVER BE LESS THAN THE SPECIFIED AMOUNT, AS LONG AS THE POLICY IS IN FORCE. THE CONTRACT VALUE MAY INCREASE OR DECREASE ON ANY DAY, DEPENDING ON THE INVESTMENT RETURN FOR THE POLICY. NO MINIMUM CONTRACT VALUE IS GUARANTEED. ON REQUEST, WE WILL FURNISH ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS AND CONTRACT VALUES FOR A VARIABLE LIFE INSURANCE POLICY AND A FIXED LIFE INSURANCE POLICY FOR THE SAME PREMIUM.

## Section 4 SUITABILITY

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| A. Do you understand that the Death Benefit and Surrender Value may increase or decrease depending on the investment experience of the Variable Account? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Do you believe that this Policy will meet your insurance needs and financial objectives? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Have you received a current copy of the prospectus? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Section 5 ALLOCATIONS

FOR CONTRACTS ISSUED IN STATES WHICH REQUIRE A RETURN OF PREMIUM TO A POLICY OWNER EXERCISING THE SHORT TERM RIGHT TO CANCEL; NET PREMIUMS WILL BE ALLOCATED TO THE NATIONWIDE NVIT MONEY MARKET FUND OR TO THE FIXED ACCOUNT IF SELECTED UNTIL THE END OF THE RIGHT TO CANCEL PERIOD. AT THE END OF THIS PERIOD, YOUR CONTRACT VALUE WILL BE ALLOCATED TO THE SUB-ACCOUNTS INDICATED BELOW. FOR STATES REQUIRING A RETURN OF CASH VALUE, YOUR NET PREMIUM WILL BE ALLOCATED TO THE SUB-ACCOUNTS AT THE BEGINNING OF THE SHORT TERM RIGHT TO CANCEL PERIOD. YOUR SELECTIONS MUST TOTAL 100%. THESE PERCENTAGES WILL APPLY IN FUTURE YEARS BUT MAY BE CHANGED AT ANY TIME BY THE POLICY OWNER. (IF NO ALLOCATION INDICATED, MONEY MARKET WILL BE AUTOMATICALLY SELECTED.)

### ALLIANCEBERNSTEIN VARIABLE PRODUCTS SERIES FUND, INC. (Class A)

- \_\_\_\_ % Growth & Income Port.  
\_\_\_\_ % International Value Port.  
\_\_\_\_ % Small/Mid Cap Value Port.

### AMERICAN CENTURY VARIABLE PORTFOLIOS, INC. (Class I)

- \_\_\_\_ % VP Mid Cap Value Fund  
\_\_\_\_ % VP Value Fund  
\_\_\_\_ % VP Vista Fund

### AMERICAN FUNDS INSURANCE SERIES (Class 2)

- \_\_\_\_ % Asset Allocation Fund  
\_\_\_\_ % Bond Fund  
\_\_\_\_ % Global Small Capitalization Fund  
\_\_\_\_ % Growth Fund  
\_\_\_\_ % International Fund

### BLACKROCK VARIABLE SERIES FUNDS, INC. (Class II)

- \_\_\_\_ % Large Cap Core V.I. Fund

### DAVIS VARIABLE ACCOUNT FUND, INC.

- \_\_\_\_ % Value Port.

### DELAWARE VARIABLE INSURANCE PRODUCTS TRUST (Service Class)

- \_\_\_\_ % Small Cap Value Series  
\_\_\_\_ % Small Cap Stock Index Port.  
(Service Shares)

- \_\_\_\_ % Stock Index Fund, Inc.

- \_\_\_\_ % VIF Appreciation Port.

- \_\_\_\_ % VIF International Value Port.

### DWS VARIABLE SERIES II (Class B)

- \_\_\_\_ % Dreman Small Mid Cap Value VIP

### EATON VANCE VARIABLE TRUST

- \_\_\_\_ % Floating-Rate Income Fund

### FEDERATED INSURANCE SERIES (Primary Shares)

- \_\_\_\_ % Quality Bond Fund II

### FIDELITY VARIABLE INSURANCE PRODUCTS FUND (Service Class)

- \_\_\_\_ % VIP Equity-Income Port.  
\_\_\_\_ % VIP Freedom Fund 2015 Port.  
\_\_\_\_ % VIP Freedom Fund 2020 Port.  
\_\_\_\_ % VIP Freedom Fund 2025 Port.  
\_\_\_\_ % VIP Freedom Fund 2030 Port.  
\_\_\_\_ % VIP Freedom Fund 2040 Port.  
\_\_\_\_ % VIP Growth Port.  
\_\_\_\_ % VIP Investment Grade Bond Port.  
\_\_\_\_ % VIP Mid Cap Port.

**If you have any questions, please contact your New Business Coordinator at [1-877-351-8808]**

**FRANKLIN TEMPLETON VARIABLE  
INSURANCE PRODUCTS TRUST (Class 2)**

\_\_\_\_ % Franklin Small Cap Value Securities  
Fund  
\_\_\_\_ % Mutual Global Discovery Securities  
Fund  
\_\_\_\_ % Templeton Global Bond Securities  
Fund

**GOLDMAN SACHS VARIABLE INSURANCE  
TRUST (Service Shares)**

\_\_\_\_ % Growth Opportunities Fund

**INVESCO VAN KAMPEN VARIABLE  
INSURANCE FUND (Series I)**

\_\_\_\_ % Growth and Income Fund

**INVESCO VARIABLE INSURANCE FUNDS  
(Series I)**

\_\_\_\_ % Capital Development Fund  
\_\_\_\_ % High Yield Fund  
\_\_\_\_ % International Growth Fund  
\_\_\_\_ % Mid Cap Core Equity Fund

**IVY FUNDS VARIABLE INSURANCE  
PORTFOLIOS, INC.**

\_\_\_\_ % Asset Strategy  
\_\_\_\_ % Growth  
\_\_\_\_ % Real Estate Securities  
\_\_\_\_ % Science & Technology

**JANUS ASPEN SERIES (Service Shares)**

\_\_\_\_ % Balanced Port.  
\_\_\_\_ % Forty Port.  
\_\_\_\_ % Global Technology Port.  
\_\_\_\_ % Overseas Port.  
\_\_\_\_ % Perkins Mid Cap Value Port.

**LAZARD RETIREMENT SERIES, INC. (Service  
Shares)**

\_\_\_\_ % Retirement Emerging Markets Equity  
Port.

**LEGG MASON PARTNERS VARIABLE  
EQUITY TRUST (Class I)**

\_\_\_\_ % ClearBridge Variable Small Cap  
Growth Port.

**LINCOLN VARIABLE INSURANCE  
PRODUCTS TRUST (Service Class)**

\_\_\_\_ % Baron Growth Opportunities Fund

**MFS® VARIABLE INSURANCE TRUST  
(Service Class)**

\_\_\_\_ % Research International Series  
\_\_\_\_ % Value Series Fund

**MFS® VARIABLE INSURANCE TRUST II  
(Service Class)**

\_\_\_\_ % International Value Port.

**NATIONWIDE NVIT INVESTOR  
DESTINATIONS (Class II)**

\_\_\_\_ % Aggressive Fund  
\_\_\_\_ % Conservative Fund  
\_\_\_\_ % Moderate Fund  
\_\_\_\_ % Moderately Aggressive Fund  
\_\_\_\_ % Moderately Conservative Fund

**NATIONWIDE VARIABLE INSURANCE TRUST  
(NVIT) (Class I)**

\_\_\_\_ % Federated NVIT High Income Bond Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Aggressive Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Balanced Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Capital Appreciation  
Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Conservative Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Moderate Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Moderately Aggressive  
Fund  
\_\_\_\_ % NVIT Cardinal<sup>SM</sup> Moderately Conservative  
Fund  
\_\_\_\_ % NVIT Emerging Markets Fund  
\_\_\_\_ % NVIT Government Bond Fund  
\_\_\_\_ % NVIT International Equity Fund  
\_\_\_\_ % NVIT International Index Fund (Class II)  
\_\_\_\_ % NVIT Mid Cap Index Fund  
\_\_\_\_ % NVIT Money Market Fund (Class I)  
\_\_\_\_ % NVIT Multi-Manager Large Cap Growth  
Fund  
\_\_\_\_ % NVIT Multi-Manager Large Cap Value  
Fund  
\_\_\_\_ % NVIT Multi-Manager Mid Cap Growth  
Fund  
\_\_\_\_ % NVIT Multi-Manager Mid Cap Value Fund  
\_\_\_\_ % NVIT Multi-Manager Small Cap Growth  
Fund  
\_\_\_\_ % NVIT Multi-Manager Small Cap Value  
Fund  
\_\_\_\_ % NVIT Multi-Manager Small Company  
Fund  
\_\_\_\_ % NVIT Multi Sector Bond Fund  
\_\_\_\_ % NVIT Nationwide® Fund  
\_\_\_\_ % NVIT Real Estate Fund  
\_\_\_\_ % NVIT Short Term Bond Fund

**NEUBERGER BERMAN ADVISORS  
MANAGEMENT TRUST (I Class)**

\_\_\_\_ % AMT Partners Port.  
\_\_\_\_ % AMT Regency Port.

**OPPENHEIMER VARIABLE ACCOUNT  
FUNDS (Non-Service Shares)**

\_\_\_\_ % Capital Appreciation Fund/VA  
\_\_\_\_ % Global Securities Fund/VA

**PIMCO VARIABLE INSURANCE TRUST  
(Administrative Class)**

\_\_\_\_ % All Asset Port.  
\_\_\_\_ % Foreign Bond Port. (unhedged)  
\_\_\_\_ % Long-Term U.S. Government Port.  
\_\_\_\_ % Low Duration Port.  
\_\_\_\_ % Real Return Port.  
\_\_\_\_ % Total Return Port.

**PIONEER VARIABLE CONTRACTS TRUST  
(Class I)**

\_\_\_\_ % Emerging Markets VCT Port.  
\_\_\_\_ % High Yield VCT Port.

**PUTNAM VARIABLE TRUST (Class IB)**

\_\_\_\_ % Small Cap Value Fund

**ROYCE CAPITAL FUND (Investment Class)**

\_\_\_\_ % Micro-Cap Port.

**T. ROWE PRICE EQUITY SERIES, INC.**

\_\_\_\_ % Equity Income Port (Class II)  
\_\_\_\_ % New America Growth Port.  
\_\_\_\_ % Personal Strategy Balanced Port.

**T. ROWE PRICE FIXED INCOME SERIES,  
INC. (Class I)**

\_\_\_\_ % Limited Term Bond Port.

**THE UNIVERSAL INSTITUTIONAL FUNDS,  
INC. (Class I)**

\_\_\_\_ % Emerging Markets Debt Port.  
\_\_\_\_ % Global Real Estate Port. (Class II)  
\_\_\_\_ % Growth Port.

**VAN ECK VIP TRUST (Initial Class)**

\_\_\_\_ % Global Hard Assets Fund

**WELLS FARGO ADVANTAGE VARIABLE  
TRUST**

\_\_\_\_ % Discovery Fund  
\_\_\_\_ % Small Cap Growth Fund (Class II) \_\_\_\_\_

**OTHER:**

\_\_\_\_ % \_\_\_\_\_

**NATIONWIDE LIFE INSURANCE CO.**

\_\_\_\_ % Fixed Account

Signed at Any Place on January 3, 2011  
City and State Month Day Year

Any Representative  
Signature of Registered Representative

John Doe  
Signature of Owner (Authorized Officer/Trustee)



# VARIABLE LIFE FUND SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

**Nationwide Life Insurance Company** • Nationwide Business Solutions Group, 1-11-401  
• One Nationwide Plaza, Columbus, Ohio 43215-2220 • Phone: 1-877-351-8808 • Fax: 1-855-677-2357 ]

## Section 1 CORPORATION

Corporation Name: Any Corporation

## Section 2 OWNER

Owner Name: John Doe

## Section 3 IMPORTANT NOTICE

I UNDERSTAND THAT THE DEATH BENEFIT UNDER A VARIABLE LIFE INSURANCE CERTIFICATE MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT RETURN OF THE SUB-ACCOUNT(S) I SELECT. REGARDLESS OF INVESTMENT RETURN, THE DEATH BENEFIT CAN NEVER BE LESS THAN THE SPECIFIED AMOUNT, AS LONG AS THE CERTIFICATE IS IN FORCE. THE CERTIFICATE VALUE MAY INCREASE OR DECREASE ON ANY DAY, DEPENDING ON THE INVESTMENT RETURN FOR THE CERTIFICATE. NO MINIMUM CERTIFICATE VALUE IS GUARANTEED. ON REQUEST, WE WILL FURNISH ILLUSTRATIONS OF BENEFITS, INCLUDING DEATH BENEFITS AND CERTIFICATE VALUES FOR A VARIABLE LIFE INSURANCE CERTIFICATE FOR THE SAME PREMIUM.

## Section 4 SUITABILITY

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| A. Do you understand that the Death Benefit and Surrender Value may increase or decrease depending on the investment experience of the Variable Account? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Do you believe that this Certificate will meet your insurance needs and financial objectives? ..  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Have you received a current Private Placement Memorandum? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## Section 5 ALLOCATIONS

FOR CERTIFICATES ISSUED IN STATES WHICH REQUIRE A RETURN OF PREMIUM TO A CERTIFICATE OWNER EXERCISING THE SHORT TERM RIGHT TO CANCEL; NET PREMIUMS WILL BE ALLOCATED TO THE NATIONWIDE NVIT MONEY MARKET FUND IF SELECTED UNTIL THE END OF THE RIGHT TO CANCEL PERIOD. AT THE END OF THIS PERIOD, YOUR CERTIFICATE VALUE WILL BE ALLOCATED TO THE SUB-ACCOUNTS INDICATED BELOW. FOR STATES REQUIRING A RETURN OF CASH VALUE, YOUR NET PREMIUM WILL BE ALLOCATED TO THE SUB-ACCOUNTS AT THE BEGINNING OF THE SHORT TERM RIGHT TO CANCEL PERIOD. YOUR SELECTIONS MUST TOTAL 100%. THESE PERCENTAGES WILL APPLY IN FUTURE YEARS BUT MAY BE CHANGED AT ANY TIME BY THE CERTIFICATE OWNER. (IF NO ALLOCATION INDICATED, MONEY MARKET WILL BE AUTOMATICALLY SELECTED.)

[Funds chosen from the attached list will be inserted here on a case by case basis.]

## Section 6 SIGNATURE

Dated at Any Place on January 3, 2011  
City and State Month Day Year

Any Representative  
Signature of Registered Representative

John Doe  
Signature of Applicant/Owner/Authorized Officer

***If you have any questions, please contact your New Business Coordinator at [1-877-351-8808]***



**ALLIANCEBERNSTEIN VARIABLE PRODUCTS****SERIES FUND, INC. (Class A)**

- \_\_\_\_\_ % Growth & Income Port.
- \_\_\_\_\_ % International Value Port.
- \_\_\_\_\_ % Real Estate Investment Port.
- \_\_\_\_\_ % Small Cap Growth Port.
- \_\_\_\_\_ % Small/Mid Cap Value Port.

**AMERICAN CENTURY VARIABLE PORTFOLIOS, INC. (Class I)**

- \_\_\_\_\_ % Income & Growth Fund
- \_\_\_\_\_ % International Fund
- \_\_\_\_\_ % Mid Cap Value Fund
- \_\_\_\_\_ % Ultra Fund
- \_\_\_\_\_ % Value Fund
- \_\_\_\_\_ % Vista Fund

**AMERICAN CENTURY VARIABLE PORTFOLIOS II, INC. (Class II)**

- \_\_\_\_\_ % Inflation Protection Fund

**AMERICAN FUNDS INSURANCE SERIES (Class 2)**

- \_\_\_\_\_ % Asset Allocation Fund
- \_\_\_\_\_ % Blue Chip Income and Growth Fund
- \_\_\_\_\_ % Bond Fund
- \_\_\_\_\_ % Global Discovery Fund
- \_\_\_\_\_ % Global Growth Fund
- \_\_\_\_\_ % Global Small Capitalization Fund
- \_\_\_\_\_ % Growth Fund
- \_\_\_\_\_ % Growth-Income Fund
- \_\_\_\_\_ % High-Income Bond Fund
- \_\_\_\_\_ % International Fund
- \_\_\_\_\_ % New World Fund
- \_\_\_\_\_ % U.S. Government/AAA-Rated Securities Fund

**BLACKROCK VARIABLE SERIES FUNDS, INC. (Class II)**

- \_\_\_\_\_ % Equity Dividend V.I. Fund (Class I)
- \_\_\_\_\_ % Global Allocation V.I. Fund
- \_\_\_\_\_ % International Value V.I. Fund (Class I)
- \_\_\_\_\_ % Large Cap Core V.I. Fund
- \_\_\_\_\_ % Large Cap Value V.I. Fund
- \_\_\_\_\_ % Value Opportunities V.I. Fund

**DAVIS VARIABLE ACCOUNT FUND, INC.**

- \_\_\_\_\_ % Financial Port.
- \_\_\_\_\_ % Value Port.

**DELAWARE VARIABLE INSURANCE PRODUCT TRUST (Service Class)**

- \_\_\_\_\_ % Small Cap Value Series

**DREYFUS (Initial Shares)**

- \_\_\_\_\_ % IP Mid Cap Stock Port.
- \_\_\_\_\_ % IP Small Cap Stock Index Port. (Service Shares)
- \_\_\_\_\_ % IP Technology Growth Port. (Service Shares)
- \_\_\_\_\_ % Socially Responsible Growth Fund
- \_\_\_\_\_ % Stock Index Fund, Inc.
- \_\_\_\_\_ % VIF Appreciation Port.
- \_\_\_\_\_ % VIF International Value Port.

**DWS INVESTMENTS VIT FUNDS (Class A)**

- \_\_\_\_\_ % Small Cap Index VIP

**DWS VARIABLE SERIES I (Class B)**

- \_\_\_\_\_ % Capital Growth VIP

**DWS VARIABLE SERIES II (Class B)**

- \_\_\_\_\_ % Dreman Small Mid Cap Value VIP
- \_\_\_\_\_ % Global Thematic VIP
- \_\_\_\_\_ % High Income VIP
- \_\_\_\_\_ % Large Cap Value VIP

**EATON VANCE VARIABLE TRUST**

- \_\_\_\_\_ % Floating-Rate Income Fund

**FEDERATED INSURANCE SERIES****(Primary Shares)**

- \_\_\_\_\_ % High Income Bond Fund II
- \_\_\_\_\_ % Kaufmann Fund II
- \_\_\_\_\_ % Quality Bond Fund II

**FIDELITY VARIABLE INSURANCE FUND PRODUCTS (Service Class)**

- \_\_\_\_\_ % VIP Asset Manager Growth Port.
- \_\_\_\_\_ % VIP Asset Manager Port.
- \_\_\_\_\_ % VIP Balanced Port.
- \_\_\_\_\_ % VIP Contrafund® Port.
- \_\_\_\_\_ % VIP Dynamic Capital Appreciation Port.
- \_\_\_\_\_ % VIP Equity-Income Port.
- \_\_\_\_\_ % VIP Freedom Fund 2005 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2010 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2015 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2020 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2025 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2030 Port.
- \_\_\_\_\_ % VIP Freedom Fund 2040 Port.
- \_\_\_\_\_ % VIP Freedom Income Fund Port.
- \_\_\_\_\_ % VIP Growth & Income Port.
- \_\_\_\_\_ % VIP Growth Port.
- \_\_\_\_\_ % VIP High Income Port.
- \_\_\_\_\_ % VIP Index 500 Port. (Initial Class)
- \_\_\_\_\_ % VIP Investment Grade Bond Port.
- \_\_\_\_\_ % VIP Mid Cap Port.
- \_\_\_\_\_ % VIP Overseas Port.
- \_\_\_\_\_ % VIP Real Estate Port.
- \_\_\_\_\_ % VIP Value Strategies Port.

**FRANKLIN TEMPLETON VARIABLE INSURANCE PRODUCTS TRUST (Class 2)**

- \_\_\_\_\_ % Franklin Flex Cap Growth Securities Fund
- \_\_\_\_\_ % Franklin Income Securities Fund
- \_\_\_\_\_ % Franklin Rising Dividends Securities Fund
- \_\_\_\_\_ % Franklin Small Cap Value Securities Fund
- \_\_\_\_\_ % Franklin Small-Mid Cap Growth Securities Fund
- \_\_\_\_\_ % Franklin Strategic Income Securities Fund
- \_\_\_\_\_ % Franklin U.S. Government Fund
- \_\_\_\_\_ % Mutual Global Discovery Securities Fund
- \_\_\_\_\_ % Templeton Developing Markets Securities Fund
- \_\_\_\_\_ % Templeton Foreign Securities Fund
- \_\_\_\_\_ % Templeton Global Bond Securities Fund
- \_\_\_\_\_ % Templeton Growth Securities Fund

**GOLDMAN SACHS VARIABLE INSURANCE TRUST (Institutional Shares)**

- \_\_\_\_\_ % Growth Opportunities Fund (Service Shares)
- \_\_\_\_\_ % Structured Small Cap Equity Fund
- \_\_\_\_\_ % Structured U.S. Equity Fund

**INVESCO VARIABLE INSURANCE FUNDS (Series I)**

- \_\_\_\_\_ % Basic Value Fund
- \_\_\_\_\_ % Capital Appreciation Fund
- \_\_\_\_\_ % Capital Development Fund
- \_\_\_\_\_ % Core Equity Fund
- \_\_\_\_\_ % Global Health Care Fund
- \_\_\_\_\_ % Global Real Estate Fund
- \_\_\_\_\_ % High Yield Fund
- \_\_\_\_\_ % International Growth Fund
- \_\_\_\_\_ % Mid Cap Core Equity Fund
- \_\_\_\_\_ % Small Cap Equity Fund
- \_\_\_\_\_ % Technology Fund
- \_\_\_\_\_ % Utilities Fund

**INVESCO VAN KAMPEN V.I. SERIES (Class I)**

- \_\_\_\_\_ % Equity and Income Fund (Class II)
- \_\_\_\_\_ % Global Value Equity Fund
- \_\_\_\_\_ % Growth and Income Fund
- \_\_\_\_\_ % Mid Cap Value Fund

**IVY FUNDS VARIABLE INSURANCE PORTFOLIOS, INC.**

- \_\_\_\_\_ % Asset Strategy
- \_\_\_\_\_ % Balanced
- \_\_\_\_\_ % Core Equity
- \_\_\_\_\_ % Growth
- \_\_\_\_\_ % High Income
- \_\_\_\_\_ % International Core Equity
- \_\_\_\_\_ % Real Estate Securities
- \_\_\_\_\_ % Science & Technology
- \_\_\_\_\_ % Small Cap Growth
- \_\_\_\_\_ % Small Cap Value
- \_\_\_\_\_ % Value

**J.P. MORGAN INSURANCE TRUST (Class I)**

- \_\_\_\_\_ % Core Bond Port.
- \_\_\_\_\_ % Mid Cap Value Port.

**JANUS ASPEN SERIES (Service Shares)**

- \_\_\_\_\_ % Balanced Port.
- \_\_\_\_\_ % Enterprise Port.
- \_\_\_\_\_ % Flexible Bond Port.
- \_\_\_\_\_ % Forty Port.
- \_\_\_\_\_ % Global Technology Port.
- \_\_\_\_\_ % Overseas Port.
- \_\_\_\_\_ % Perkins Mid Cap Value Port.
- \_\_\_\_\_ % Worldwide Port.

**LAZARD RETIREMENT SERIES, INC.****(Service Shares)**

- \_\_\_\_\_ % Retirement Emerging Markets Equity Port.

**LEGG MASON CLEARBRIDGE VARIABLE (Class I)**

- \_\_\_\_\_ % Small Cap Growth Port.

**LINCOLN VARIABLE INSURANCE PRODUCTS TRUST (Service Class)**

- \_\_\_\_\_ % Baron Growth Opportunities Fund

**LORD ABBETT SERIES FUND, INC. (Class VC)**

- \_\_\_\_\_ % Bond Debenture Port.
- \_\_\_\_\_ % Growth and Income Port.
- \_\_\_\_\_ % Mid Cap Value Port.

**M FUND, INC.**

- \_\_\_\_\_ % M Business Opportunity Value Fund
- \_\_\_\_\_ % M Capital Appreciation Fund
- \_\_\_\_\_ % M International Equity Fund
- \_\_\_\_\_ % M Large Cap Growth Fund

**MFS® VARIABLE INSURANCE TRUST (Service Class)**

- \_\_\_\_\_ % Core Equity Series
- \_\_\_\_\_ % Growth Series
- \_\_\_\_\_ % Investors Growth Stock Series
- \_\_\_\_\_ % Research International Series
- \_\_\_\_\_ % Total Return Series
- \_\_\_\_\_ % Utilities Series
- \_\_\_\_\_ % Value Series

**MFS® VARIABLE INSURANCE TRUST II (Service Class)**

- \_\_\_\_\_ % Bond Port.
- \_\_\_\_\_ % Global Tactical Allocation Port.
- \_\_\_\_\_ % International Growth Port.
- \_\_\_\_\_ % International Value Port.
- \_\_\_\_\_ % Massachusetts Investors Growth Stock Port.



**NATIONWIDE**

- \_\_\_ % GSAM Diversified Mortgage Strategy
- \_\_\_ % GSAM Money Market
- \_\_\_ % LASSO Managed Account

**NATIONWIDE NVIT INVESTOR DESTINATIONS (Class II)**

- \_\_\_ % Aggressive Fund
- \_\_\_ % Conservative Fund
- \_\_\_ % Moderate Fund
- \_\_\_ % Moderately Aggressive Fund
- \_\_\_ % Moderately Conservative Fund

**NATIONWIDE VARIABLE INSURANCE TRUST (NVIT) (Class I)**

- \_\_\_ % American Century NVIT Growth Fund
- \_\_\_ % Federated NVIT High Income Bond Fund
- \_\_\_ % NVIT Cardinal Aggressive Fund
- \_\_\_ % NVIT Cardinal Balanced Fund
- \_\_\_ % NVIT Cardinal Capital Appreciation Fund
- \_\_\_ % NVIT Cardinal Conservative Fund
- \_\_\_ % NVIT Cardinal Moderate Fund
- \_\_\_ % NVIT Cardinal Moderately Aggressive Fund
- \_\_\_ % NVIT Cardinal Moderately Conservative Fund
- \_\_\_ % NVIT Core Bond Fund
- \_\_\_ % NVIT Core Plus Bond Fund
- \_\_\_ % NVIT Emerging Markets Fund
- \_\_\_ % NVIT Government Bond Fund
- \_\_\_ % NVIT International Equity Fund
- \_\_\_ % NVIT International Index Fund (Class 2)
- \_\_\_ % NVIT Mid Cap Index Fund
- \_\_\_ % NVIT Money Market Fund (Class I)
- \_\_\_ % NVIT Multi Manager International Growth Fund
- \_\_\_ % NVIT Multi Manager International Value Fund
- \_\_\_ % NVIT Multi Manager Large Cap Growth Fund
- \_\_\_ % NVIT Multi Manager Large Cap Value Fund
- \_\_\_ % NVIT Multi Manager Mid Cap Growth Fund
- \_\_\_ % NVIT Multi Manager Mid Cap Value Fund
- \_\_\_ % NVIT Multi Manager Small Cap Growth Fund
- \_\_\_ % NVIT Multi Manager Small Cap Value Fund
- \_\_\_ % NVIT Multi Manager Small Company Fund
- \_\_\_ % NVIT Multi Sector Bond Fund
- \_\_\_ % NVIT Nationwide® Fund
- \_\_\_ % NVIT Real Estate Fund
- \_\_\_ % NVIT Short Term Bond Fund
- \_\_\_ % Van Kampen NVIT Comstock Value Fund

**NEUBERGER BERMAN ADVISERS MANAGEMENT TRUST (I Class)**

- \_\_\_ % Guardian Port.
- \_\_\_ % Mid-Cap Growth Port.
- \_\_\_ % Partners Port.
- \_\_\_ % Regency Port.
- \_\_\_ % Small Cap Growth Port. (S Class)
- \_\_\_ % Socially Responsive Port.

**OPPENHEIMER VARIABLE ACCOUNT FUNDS (Non-Service Shares)**

- \_\_\_ % Capital Appreciation Fund/VA
- \_\_\_ % Core Bond Fund/VA
- \_\_\_ % Global Securities Fund/VA
- \_\_\_ % Global Strategic Income Fund/VA
- \_\_\_ % International Growth Fund/VA
- \_\_\_ % Main Street Fund® /VA
- \_\_\_ % Main Street Small- & Mid-Cap Fund/VA
- \_\_\_ % Small- & Mid-Cap Growth Fund/VA

**PIMCO VARIABLE INSURANCE TRUST (Administrative Class)**

- \_\_\_ % All Asset Port.
- \_\_\_ % Commodity RealReturn Strategy Port.
- \_\_\_ % Foreign Bond Port. (unhedged)
- \_\_\_ % High Yield Port.
- \_\_\_ % Long-Term U.S. Government Port.
- \_\_\_ % Low Duration Port.
- \_\_\_ % Real Return Port.
- \_\_\_ % Total Return Port.

**PIONEER VARIABLE CONTRACTS TRUST (Class I)**

- \_\_\_ % Bond VCT Port.
- \_\_\_ % Emerging Markets VCT Port.
- \_\_\_ % Equity Income VCT Port.
- \_\_\_ % High Yield VCT Port.

**PUTNAM VARIABLE TRUST (Class IB)**

- \_\_\_ % American Government Income Fund
- \_\_\_ % Diversified Income Fund
- \_\_\_ % Equity Income Fund
- \_\_\_ % George Putnam Balanced Fund
- \_\_\_ % Global Asset Allocation Fund
- \_\_\_ % Global Equity Fund
- \_\_\_ % Global Health Care Fund
- \_\_\_ % Global Utilities Fund
- \_\_\_ % Growth & Income Fund
- \_\_\_ % Growth Opportunities Fund
- \_\_\_ % High Yield Fund
- \_\_\_ % Income Fund
- \_\_\_ % International Growth Fund
- \_\_\_ % International Value Fund
- \_\_\_ % Investors Fund
- \_\_\_ % Multi-Cap Growth Fund
- \_\_\_ % Research Fund
- \_\_\_ % Small Cap Value Fund
- \_\_\_ % Voyager Fund

**ROYCE CAPITAL FUND (Investment Class)**

- \_\_\_ % Micro-Cap Port.
- \_\_\_ % Small-Cap Port.

**T. ROWE PRICE EQUITY SERIES, INC.**

- \_\_\_ % Blue Chip Growth Port. II
- \_\_\_ % Equity Income Port. II
- \_\_\_ % Health Sciences Port. II
- \_\_\_ % New America Growth Port.
- \_\_\_ % Personal Strategy Balanced Port.

**T. ROWE PRICE FIXED INCOME SERIES, INC.**

- \_\_\_ % Limited-Term Bond Port.

**T. ROWE PRICE INTERNATIONAL SERIES, INC.**

- \_\_\_ % International Stock Port.

**THIRD AVENUE VST**

- \_\_\_ % Third Avenue Value Port.

**THE UNIVERSAL INSTITUTIONAL FUNDS, INC.****(Class I)**

- \_\_\_ % Core Plus Fixed Income Port.
- \_\_\_ % Emerging Markets Debt Port.
- \_\_\_ % Global Real Estate Port. (Class II)
- \_\_\_ % Global Tactical Asset Allocation Port.
- \_\_\_ % Growth Port.
- \_\_\_ % Mid Cap Growth Port.
- \_\_\_ % U.S. Real Estate Port.

**VAN ECK VIP TRUST (Initial Class)**

- \_\_\_ % Emerging Markets Fund
- \_\_\_ % Global Hard Assets Fund
- \_\_\_ % Multi-Manager Alternatives Fund

**VANGUARD VARIABLE INSURANCE FUND**

- \_\_\_ % Balanced Port.
- \_\_\_ % Capital Growth Port.
- \_\_\_ % Diversified Value Port.
- \_\_\_ % Equity Income Port.
- \_\_\_ % Equity Index Port.
- \_\_\_ % Growth Port.
- \_\_\_ % High Yield Bond Port.
- \_\_\_ % International Port.
- \_\_\_ % Mid-Cap Index Port.
- \_\_\_ % Money Market Port.
- \_\_\_ % REIT Index Port.
- \_\_\_ % Short-Term Investment Grade Port.
- \_\_\_ % Small Company Growth Port.
- \_\_\_ % Total Bond Market Index Port.
- \_\_\_ % Total Stock Market Index Port.

**WELLS FARGO ADVANTAGE VARIABLE TRUST**

- \_\_\_ % Discovery Fund
- \_\_\_ % Intrinsic Value Fund (Class II)
- \_\_\_ % Opportunity Fund (Class II)
- \_\_\_ % Small Cap Growth Fund (Class II)
- \_\_\_ % Small Cap Value Fund (Class II)
- \_\_\_ % Total Return Bond Fund

**NATIONWIDE LIFE INSURANCE CO.**

- \_\_\_ % Fixed Account



# CORPORATE ENROLLMENT FORM— CONSENT TO INSURANCE

**Nationwide Life Insurance Company** • Nationwide Business Solutions Group, 1-11-401  
• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

## Section 1 PROPOSED INSURED INFORMATION

Employer: Any Corporation

Proposed Insured: John Doe Date of Birth: 02/07/65  
Print Name MM/DD/YYYY

Sex: ☒ M ☐ F Social Security No: 000-00-0000 Most Recent Date of Hire: 07/01/1985  
MM/DD/YYYY

Job Title: Vice President, Advertising      How long have you worked in your present position? 12 years

Work Address (include zip code): \_\_\_\_\_

## Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$ \_\_\_\_\_. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

### Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If “No,” give details below.) ..... ☒ Yes ☐ No

2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If “Yes,” give reason and details below.) .. ☐ Yes ☒ No

3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If “No,” give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... ☒ Yes ☐ No

B. In the past 10 years, have you had or been treated for:  
Any disorder of the heart or blood vessels; tumor or cancer; diabetes; stroke; or any blood disorder; lungs; kidneys; drug or alcohol use; depression or been diagnosed by a doctor or by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome), or received a positive result of an HIV (Human Immunodeficiency Virus) test? (If “Yes,” give details below.) ..... ☐ Yes ☒ No

C. Have you used tobacco or nicotine in any form within the past 12 months? (If “Yes,” please provide details as to types, amounts, i.e., units per week/month, and date last used.) ..... ☐ Yes ☒ No

Details to questions A1 - 3, B and C:

*(If more space is needed, an additional blank sheet may be attached.)*

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Section 3      **QUESTIONS ABOUT THE PROPOSED INSURED** (cont'd)

All the statements and answers are complete and true to the best of my knowledge and belief. I agree that they are to be the basis for any insurance issued hereon.

I authorize: any licensed physician or medical practitioner, any hospital, clinic, any pharmacy or pharmacy benefit managers, and other sources who maintain prescription drug records and related information, or other medical or medically related facility; any insurance company; MIB, Inc.; or any other organization, institution, or person, to disclose any information concerning me, including, but not limited to, my entire medical/health record to the Medical Director of Nationwide Life Insurance Company or its affiliates, including, but not limited to, RSA Medical, for the purpose of underwriting my application in order to determine eligibility for Life Insurance and to investigate claims. By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this form; and I instruct any physician; health care professional; hospital; clinic; pharmacy or pharmacy benefit managers; medical facility, or other health care provider to release and disclose my entire medical/health record without restriction. I understand that any information that is disclosed pursuant to this form may be redisclosed and no longer be covered by federal rules governing privacy and confidentiality of health information. This form, or a copy of it, will be valid for a period of not more than two years (24 months) from the date it was signed. I understand that I have the right to revoke this form in writing, at any time, by sending a written request for revocation to Nationwide Life Insurance Company, [Nationwide Business Solutions Group, 1-11-401, One Nationwide Plaza, Columbus, Ohio 43215-2220.] I understand that a revocation is not effective to the extent that any of my providers have relied on this form; or to the extent that Nationwide Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I further understand that if I refuse to sign this form to release my complete records, or, if I revoke this authorization before a policy is issued, Nationwide Life Insurance Company may not be able to process my application. I understand that my authorized representative or I have a right to a copy of this form by sending a request to Nationwide in writing. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*John Doe*

\_\_\_\_\_  
Signature of Proposed Insured

January 3, 2009

\_\_\_\_\_  
Date

Detach this part and give to applicant

**MIB, INC. DISCLOSURE NOTICE**

Information regarding your insurability will be treated as confidential. Nationwide Life Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB, Inc. file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act of 1970. The address of the MIB, Inc. information office is [50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642).] The Web address of the MIB, Inc. information office is [www.mib.com](http://www.mib.com).

Nationwide Life Insurance Company, or its reinsurer(s), may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



# INSURANCE SCHEDULE FOR CORPORATE MASTER APPLICATION

**Nationwide Life Insurance Company** • Nationwide Business Solutions Group, 1-11-401  
• One Nationwide Plaza, Columbus, OH 43215-2220 • Phone: 1-877-351-8808 • Fax: 1-855-677-2357]

## Section 1 CORPORATION INFORMATION

Corporation Name: Any Corporation

Insurance Schedule for: \_\_\_\_\_, Owner

## Section 2 INSURED INFORMATION

No.	Insured Last Name	Insured First Name	Social Security No.	Date Of Birth	Age as of (Date) MM/DD/YYYY	Sex M/F	Smoking Status (N/S)	Planned Annual Premium	Other Premium Paid at Issue	Specified Amount (Base Coverage)	Supplemental Insurance Rider (Term Coverage)	Total Coverage	Death Benefit Option (1/2/3)
-----	-------------------------	--------------------------	---------------------------	---------------------	--------------------------------	------------	----------------------------	------------------------------	--------------------------------------	---	---	-------------------	---------------------------------------

The following shall constitute a separate application and shall become a part of each policy issued on the above individuals:

- 1) This Insurance Schedule
- 2) Master Application
- 3) Variable Supplement
- 4) Consent to Insurance Forms

Policy Date: \_\_\_\_\_

### Case-level Policy Component Percentages

Policy Component A \_\_\_\_\_ %  
Policy Component B \_\_\_\_\_ %  
Policy Component C \_\_\_\_\_ %  
Policy Component D \_\_\_\_\_ %  
Total (must equal 100%) \_\_\_\_\_ %

The percentages listed above will impact the charges on your policy.

The **Policy Owner certifies** that the above information is complete and true to the best of its knowledge and belief.

**Section 2      INSURED INFORMATION** *(cont'd)*

The **Employer certifies** that, as of the Effective Date of Coverage as defined in the Policy all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of four or more days due to illness or injury or been hospitalized in the past 90 days.

\_\_\_\_\_  
Authorized Trustee, Vice President

\_\_\_\_\_  
Signature of **Owner (Authorized Officer/Trustee)**

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Officer, Vice President

\_\_\_\_\_  
Signature of **Employer (Authorized Officer)** (if other than the Owner)

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Trustee

\_\_\_\_\_  
Printed Name and Title of the **Owner's Authorized Officer/Trustee**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Printed Name and Title of the **Employer's Authorized Officer**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

**In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the Actively-at-Work criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a policy is issued on any individual who does not meet this requirement, the policy will be treated as if it were never issued. Under these circumstances, Nationwide's liability will be limited to a refund of the amount specified by the laws of the state in which the contract was issued.**



# INSURANCE SCHEDULE FOR CORPORATE MASTER APPLICATION

Nationwide Life Insurance Company [Nationwide Business Solutions Group, 1-11-401

• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808 ]

## Section 1 CORPORATION INFORMATION

Corporation Name: Any Corporation

Insurance Schedule for: , Owner

## Section 2 INSURED INFORMATION

No.	Insured Last Name	Insured First Name	Social Security No.	Date Of Birth	Age as of (Date) MM/DD/YYYY	Sex M/F	Smoking Status (N/S)	Planned Annual Premium	Other Premium Paid at Issue	Specified Amount (Base Coverage)	Supplemental Insurance Rider (Term Coverage)	Total Coverage	Death Benefit Option (1/2/3)
-----	-------------------------	--------------------------	---------------------------	---------------------	-----------------------------------	------------	----------------------------	------------------------------	--------------------------------------	--	---	-------------------	---------------------------------------

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Case Level Enhancement Benefit

Schedule A \_\_\_\_\_

Schedule B \_\_\_\_\_

Total (must equal 100 %) \_\_\_\_\_

Policy or Certificate Date: \_\_\_\_\_

The **Policy or Certificate Owner certifies** that the above information is complete and true to the best of its knowledge and belief.

## Section 2      INSURED INFORMATION (cont'd)

The **Employer certifies** that, as of the Policy Date and the date Nationwide receives the initial premium, all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of four or more days due to illness or injury or been hospitalized in the past 90 days.

\_\_\_\_\_  
Authorized Trustee, Vice President

\_\_\_\_\_  
Signature of **Owner (Authorized Officer/Trustee)**

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Officer, Vice President

\_\_\_\_\_  
Signature of **Employer (Authorized Officer)** (if other than the Owner)

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Trustee

\_\_\_\_\_  
Printed Name and Title of the **Owner's Authorized Officer/Trustee**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Printed Name and Title of the **Employer's Authorized Officer**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the Actively-at-Work criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a policy or certificate is issued on any individual who does not meet this requirement, the policy or certificate will be treated as if it were never issued. Under these circumstances, Nationwide's liability will be limited to a refund of the amount specified by the laws of the state in which the contract was issued.



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## Section 2 INSURED INFORMATION

No.	Insured Last Name	Insured First Name	Social Security No.	Date Of Birth	Age as of (Date) MM/DD/YYYY	Sex M/F	Smoking Status (N/S)	Planned Annual Premium	Other Premium Paid at Issue	Specified Amount	Death Benefit Option (1/2/3)
-----	-------------------------	--------------------------	---------------------------	---------------------	--------------------------------	------------	----------------------------	------------------------------	-----------------------------------	---------------------	------------------------------------

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The **Employer certifies** that, as of the Policy Date and the date Nationwide receives the initial premium, all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of four or more days due to illness or injury or been hospitalized in the past 90 days.



**Section 2      INSURED INFORMATION (cont'd)**

\_\_\_\_\_  
Authorized Trustee, Vice President

\_\_\_\_\_  
Signature of **Owner (Authorized Officer/Trustee)**

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Officer, Vice President

\_\_\_\_\_  
Signature of **Employer (Authorized Officer)** (if other than the Owner)

\_\_\_\_\_  
Any City   Any State

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Authorized Trustee

\_\_\_\_\_  
Printed Name and Title of the **Owner's Authorized Officer/Trustee**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Printed Name and Title of the **Employer's Authorized Officer**

\_\_\_\_\_  
January 3, 2002

\_\_\_\_\_  
Date

**In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the Actively-at-Work criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a policy or certificate is issued on any individual who does not meet this requirement, the policy or certificate will be treated as if it were never issued. Under these circumstances, Nationwide's liability will be limited to a refund of the amount specified by the laws of the state in which the contract was issued.**

<i>SERFF Tracking Number:</i>	<i>NWPA-127834967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50361</i>
<i>Company Tracking Number:</i>	<i>COLI-3001-F-US4, ET AL. COLI APPLICATION REVISIONS - NWL</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>COLI Application Revisions - NWL</i>		
<i>Project Name/Number:</i>	<i>COLI Application Revisions - NWL/COLI Application Revisions - NWL</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
AR CERT NWL.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>		
This is an application revision filing. All applications are in the Forms Tab.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability	
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Variability-AR.pdf		



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life Insurance Company

Form Numbers: COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance  
COLI-3002-E-US4, Corporate Enrollment Form For Consent to Insurance  
With Beneficiary  
COLI-3006-P, Variable Life Fund Supplement  
COLI-3011-W, Variable Life Fund Supplement  
COLI-3012-E-US4, Corporate Enrollment Form -- Consent to Insurance  
COLI-3035-B, Insurance Schedule For Corporate Master Application  
COLI-3037-B, Insurance Schedule For Corporate Master Application  
COLI-4011-A, Insurance Schedule For Corporate Master Application

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

These forms meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, reading "James J. Rabenstine".

James J. Rabenstine  
Vice President  
NF Compliance  
Date: 11/21/2011

**Nationwide Life Insurance Company**

Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220

**NATIONWIDE LIFE INSURANCE COMPANY  
(11/2011)**

**STATEMENT OF VARIABILITY FOR FORMS:**

**COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance**  
**COLI-3002-E-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary**  
**COLI-3006-P, Variable Life Fund Supplement**  
**COLI-3011-W, Variable Life Fund Supplement**  
**COLI-3012-E-US4, Corporate Enrollment Form -- Consent to Insurance**  
**COLI-3035-B, Insurance Schedule For Corporate Master Application**  
**COLI-3037-B, Insurance Schedule For Corporate Master Application**  
**COLI-4011-A, Insurance Schedule For Corporate Master Application**

Bracketed items in the above captioned forms indicate variability as follows:

**COLI-3001-F-US4; COLI-3002-E-US4; COLI-3006-P; COLI-3011-W; COLI-3012-E-US4; COLI-3035-B; COLI-3037-B;  
COLI-4011-A**

Nationwide's Business Group Name, Address, and Phone Number	Nationwide's Business Group Name, address and/or telephone information is bracketed throughout each application in case they change in the future.
---	--

**COLI-3012-E-US4**

Medical Information Bureau Disclosure Notice	The Medical Information Bureau's address and/or telephone information is bracketed in case either change in the future.
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**COLI-3006-P; COLI-3011-W**

List of Variable Subaccounts	Funds are bracketed in case of change in the future.
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